

Case Number:	CM15-0143053		
Date Assigned:	08/03/2015	Date of Injury:	04/09/2002
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male who sustained an industrial injury on 4-9-02. Diagnoses are cervical radiculopathy, cervical spinal stenosis, lumbar radiculitis, left shoulder pain, diabetes mellitus, hypertension, insomnia, and chronic pain-other. In a pain medicine re-evaluation dated 6-5-15, the treating physician notes the injured worker reports functional improvement as a result of his medications. Neck pain and low back pain with radiation pain and upper extremity pain is reported as 7 out of 10 on average with medications, 9 out of 10 without medications, and is reported as improved since his last visit. The injured worker is noted as wanting to stop Lyrica because he is not able to take it continuously, he gets side effects of stopping and starting so he would like to try Gabapentin instead. He reports Lyrica kept him up at night. Medications are Butrans Patch, Hydrocodone-Acetaminophen, Gabapentin, Omeprazole, and Benicar. Medications tried and failed are Ambien, Butalbital-APAP-caffeine, Celebrex, Cymbalta, Enalapril, Gabapentin, Ibuprofen, Omeprazole, Pantoprazole, Restone, Sentra PM, and Vitamin D. It is noted that he has developed opiate tolerance due to long term opiate use and weaning of medications has been unsuccessful. Pain symptoms have severely worsened with reduction of function and activities of daily living due to medication weaning. Urine drug testing was ordered this visit. The 5 A's method for chronic pain management assessment are noted to have been considered. The cervical exam notes spasm bilaterally in the trapezius muscles and C4-6 bilaterally in the paraspinal muscles. Tenderness is noted along with moderately limited range of motion. Lumbar exam notes tenderness to palpation of the L4-S1 levels with moderate limitation of range of motion secondary to pain. Work status is that he is currently not working and is

permanently disabled. An insomnia severity index administered 2-14-14 notes a score of 21-moderate severity clinical insomnia. The requested treatment is Butrans 20mcg-hour #4, Hydrocodone-Acetaminophen 10-325mg #90, and Gabapentin 300mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Butrans 20 mcg/hr #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (<http://drugs.com/pro/butrans-patch.html>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Butrans (buprenorphine), Chronic Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function in terms of specific examples of functional improvement, and no documentation regarding side effects. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans (buprenorphine) is not medically necessary.

Hydrocodone/acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function in terms of specific examples of functional improvement, and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Gabapentin 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.